

Our Reference: MPZ-100-A

COMBINED DECLARATION AND POWER OF ATTORNEY

DECLARATION:

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	HIGH PERFORM	TANCE FIBER REINFORCED THE	RMOPLASTIC RESI	N,	
	METHO	D AND APPARATUS FOR MAKIN	IG THE SAME		
the specification	on of which (check only	one item below):			
[X] is	attached hereto.				
[] wa	as filed as United States	application Serial No	on	, and was am	ended
	on or through				
[] wa	as filed as PCT internation	onal application Number	on	, and was a	amended
	under PCT Article 1	l 9 on(if applicable	e).		
I here	by state that I have rev	iewed and understand the conte	ents of the above id	dentified specifica	ition,
including the cl	laims, as amended by a	ny amendment referred to above) .		
		sclose information which is mate		y as defined in Tit	tle 37,
	al Regulations, §1.56.		•	•	•
	•	benefits under Title 35, United	States Code, §113	9(a)-(d) or §365(b) of any
	, , , ,	entor's certificate or §365(a) of			
		than the United States of Americ			
		n application for patent or inver			
		re that of the application on whi			
application(s)	laving a ming data boro	o that of the appheadon on whi	on priority to ordinity	, u.	
Prior Foreign/Po	CT Application(s) and a	ny Priority Claims Under 35 U.S.	C. §119:	Priority Claimed	
		,		•	
				[]	[]
(Number)	(Country)	(Day/Mo/Yr Filed)		Yes	No
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(Number)	(Country)	(Day/Mo/Yr Filed)		Yes	No
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I here	eby claim the benefit un	der 35 U.S.C. §119(e) of any U	nited States provisi	ional application(s) listed
below.	,				
(Application Number)		(Filing Date)			
(, y			
(Application Nu	umber)	(Filing Date)			
, , , , ,					
I here	eby claim the benefit un	der Title 35, United States Code	. §120 of any Unit	ed States applica	tion(s)
		plication(s) designating the Unit			
		of the claims of this application is			
		manner provided by the first par			
	• •	ose information which is materia	• .		
•	•		•		
		hich became available between t	the filing date of th	e prior application	anu
the national or	PCT international filing	date of this application.			
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	lication(s) or PCT Intern	ational Application(s) Designatin	ig the U.S. for Ben	ent under 35 U.S	
§120:		•			
/A-mlia-4! 41	ımah a #\	(Eiling Data)	/Status: note:	nted, pending, aba	andorod'
(Application Nu	amber)	(Filing Date)	(Status: pater	iteu, penuing, aba	andoned)
(Application Nu	umber)	(Filing Date)	(Status: pater	nted, pending, aba	andoned)
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POWER OF ATTORNEY:

I hereby appoint the following attorney(s) and/or agent(s) Andrew R. Basile, Patent Office Registration No. 24753, William M. Hanlon, Jr., Patent Office Registration No. 28422, Thomas D. Helmholdt, Patent Office Registration No. 33181 and Denise M. Glassmeyer, Patent Office Registration No. 31831 as my attorney(s) and/or agent(s), to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith.

Send all correspondence to: Denise M. Glassmeyer

Young & Basile, P.C.

3001 West Big Beaver Road, Suite 624

Troy, Michigan 48084 Phone: (248) 649-3333

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Frank Grant	
Inventor's Signature (Huchic Hout,	
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Post Office Address (Same as above)	